PTO/SR/06 (12.04)

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docke Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Cotumn 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) RATE (S) FEE (\$) FEE (\$) BASIC FEE (37 CFR 1 15(a), (b), or (c)) SEARCH FEE (37 CFR 1 15(k), (i), or (m)) EXAMINATION FEE (37 CFR 1 16(0) (p) 31 (q)) TOTAL CLAIMS (37 CFR 1 16(i)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR'1 16(h)) = If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE is \$250 (\$125 for small entity) for each FEE (37 CFR 1.18(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) " If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN ' OR (Cotumn 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE (S) ADDI-RATE (\$) ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL MENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(4) Minus OR g Independent Monus OR Application Size Fee (37 CFR 1 16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(3)) OR TOTAL TOTAL ADD L FEE OR ADD L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST PRESENT RATE (\$) REMAINING NUMBER ADDL RATE (\$) ADDI α AFTER EXTRA TIONAL PREVIOUSLY TIONAL IENT AMENDMENT PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.168)) MON OR Minus OR Application Size Fee (37 CFR 1 16(s)) FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR + 16(4)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3 " If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20" "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. Trus collection is estimated to take 12 minutes to complete, including gathering preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tracemark Office. U.S. Department of Commence. P.O. Box. 1450. Alexandria VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box. 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY		
TOTAL CLAIMS							ŀ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			min	us 20=	^			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				;	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER		
(Column 1)			(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X43=		OR	X86=		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		ا ا	+145=		OR	+290=		
								TOTAL			TOTAL		
								ADDIT. FEE		Uit	ADDIT. FEE		
_		(Column 1) CLAIMS		(Colur HIGH		(Column 3) I	, 1		1001	1 1	-	400)	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-	↓ [X43=		OR	X86=		
	FIRST PRESE	NTATION OF ML	ETIPLE DEP	ENDEN	CLAIM		┙┃	+145=		OR	+290=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	1	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** [** If the entry is column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Til the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												